



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219  
<http://www.cns.state.va.us/dmas>

# MEDICAID MEMO

**TO:** All Providers and Managed Care Organizations Providing  
Services to Virginia's FAMIS Recipients

**FROM:** Eric S. Bell, Director  
Department of Medical Assistance Services

**SUBJECT:** Family Access to Medical Insurance Security (FAMIS)

MEMO	Special
DATE	11-05-01

This memorandum is to provide information about the continued implementation of the Family Access to Medical Insurance Security Plan (FAMIS).

Family Access to Medical Insurance Security (FAMIS) is health insurance created by the Commonwealth of Virginia to help working families who do not have health insurance for their children and do not qualify for Medicaid. The purpose of this memorandum is to provide information about changes to FAMIS in the Commonwealth of Virginia effective December 1, 2001. Approximately 34,000 recipients will be affected by this change.

In 2000, the Virginia General Assembly amended its Title XXI program, Children's Medical Insurance Security Plan (CMSIP), to create FAMIS. On August 1, 2001, the Commonwealth of Virginia initiated FAMIS by introducing a Central Processing Unit. This change simplified the eligibility enrollment process. Effective December 1, 2001, FAMIS will implement the FAMIS benefit package modeled after the state employee benefit plan (Key Advantage), with limited copayments, and increase access to a broader array of providers. These benefits will be administered through contracted Managed Care Entities (MCEs).

FAMIS contracted MCEs will be required to provide, at a minimum, all services listed in Virginia's amended Title XXI State Plan except school-based services. School-based services will continue to be reimbursed by the Department of Medical Assistance Services. Overall, the services provided by FAMIS contracted MCEs will differ from CMSIP and offer an enhanced benefit package designed to improve the health of children (see enclosed summary of benefits).

The enclosed chart reflects each contracting MCE and its corresponding service area. Enrollees living in corresponding areas will be required to enroll into a contracted MCE. In addition, these enrollees will be required to pay copayments for most services except preventive health services and well baby/well child care services. If an enrollee does not live in a corresponding area they will continue to receive services under the Children's Medical Insurance Security Plan (CMSIP) and will not be responsible for copayments.

You will be able to identify FAMIS enrollees by their Member ID card. If a patient presents for service, you should always ask for the ID card to verify enrollment. Those enrolled with a FAMIS MCE will carry a card bearing the name of

one of the following plans which will list some of the copayment amounts that should be collected:

CareNet by Southern Health Services  
Sentara Family Care  
Trigon HealthKeepers Plus

UNICARE by Wellpoint  
Virginia Premier

For more information about the MCEs, contact the provider relations representatives listed below.

**Managed Care Entity (MCE) Provider Relations Information**

<b>MCE</b>	<b>Provider Relations Contact</b>	<b>Telephone Number</b>
Southern Health/CareNet	Elizabeth Bollana Andrew Thompson	(804) 747-3700 Extension 1276 (804) 747-3700 Extension 1261
Sentara Family Care	Sharon Poulos	(800) 229-8891 (757) 552-8891
Trigon HealthKeepers Plus	Consultant Line	(804) 354-4126 (540) 853-5077
UNICARE Health Plan of Virginia	Cindy Follmer Dan Case	(703) 942-7501 (888) 539-1888
Virginia Premier Health Plan	Provider Services Department Mitch Gregory	(800) 727-7536 Option 5 (800) 727-7536 Extension 5154

Provider Training

Informational seminars are being held at various sites across Virginia. For the most up-to-date information regarding FAMIS training, visit our Web page at [www.cns.state.va.us/dmas](http://www.cns.state.va.us/dmas). Additional information regarding presentations will be listed on the website.

Additional Information

As a provider of medical services, you can assist by having applications, posters, and brochures in your office, developing a database of self-pay patients, and referring the parent or guardian to the FAMIS central office. On behalf of the Administration, I would like to strongly encourage you to join with the Department of Medical Assistance Services in a partnership to help ensure access to quality health care services for the uninsured children of Virginia.

Attachments

Summary of FAMIS Covered Services  
Localities List

**"HELPLINE"**

The "HELPLINE" is available for providers in non-MCE areas Monday through Friday from 8:30 a.m. to 4:30 p.m.,

except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the "HELPLINE" is for provider use only.

Attachments (2))

# FAMIS LOCALITIES IMPLEMENTATION DECEMBER 1, 2001

C/C	FAMIS CITY/COUNTIES	Trigon	Virginia Premier	Sentara	CareNet	UniCare
001	ACCOMACK	X	X	X		
003	ALBEMARLE		X	X		X
510	ALEXANDRIA					X
005	ALLEGHANY					
007	AMELIA	X	X	X	X	
009	AMHERST					
011	APPOMATTOX					
013	ARLINGTON					X
015	AUGUSTA		X	X		
017	BATH					
515	BEDFORD CITY		X			
019	BEDFORD COUNTY		X			
021	BLAND					
023	BOTETOURT		X			
520	BRISTOL					
025	BRUNSWICK	X	X	X		
027	BUCHANAN					
029	BUCKINGHAM			X		X
530	BUENA VISTA		X			
031	CAMPBELL					
033	CAROLINE	X	X	X	X	
035	CARROLL					
036	CHARLES CITY	X	X	X	X	
037	CHARLOTTE			X		
540	CHARLOTTESVILLE		X	X		X
550	CHESAPEAKE	X	X	X		
041	CHESTERFIELD	X	X	X	X	
683	CITY OF MANASSAS					X
043	CLARKE					
560	CLIFTON FORGE					
570	COLONIAL HEIGHTS	X	X	X	X	
580	COVINGTON					
045	CRAIG					
047	CULPEPER		X			
049	CUMBERLAND	X	X	X	X	
590	DANVILLE			X		
051	DICKENSON					
053	DINWIDDIE	X	X	X	X	
595	EMPORIA	X	X	X		
057	ESSEX	X		X	X	
600	FAIRFAX CITY					X
059	FAIRFAX COUNTY					X
610	FALLS CHURCH					X
061	FAUQUIER					X
063	FLOYD		X			
065	FLUVANNA			X		X

# FAMIS LOCALITIES IMPLEMENTATION DECEMBER 1, 2001

C/C	FAMIS CITY/COUNTIES	Trigon	Virginia Premier	Sentara	CareNet	UniCare
620	FRANKLIN CITY	X	X	X		
067	FRANKLIN COUNTY		X			
069	FREDERICK					
630	FREDERICKSBURG	X	X	X	X	
640	GALAX					
071	GILES		X			
073	GLOUCESTER	X		X		
075	GOOCHLAND	X	X	X	X	
077	GRAYSON					
079	GREENE		X	X		X
081	GREENSVILLE	X	X	X		
083	HALIFAX	X		X		
650	HAMPTON	X	X	X		
085	HANOVER	X	X	X	X	
660	HARRISONBURG		X	X		
087	HENRICO	X	X	X	X	
089	HENRY		X			
091	HIGHLAND					
670	HOPEWELL	X	X	X	X	
093	ISLE OF WIGHT	X		X		
095	JAMES CITY COUNTY	X		X		
097	KING & QUEEN	X		X	X	
099	KING GEORGE	X	X	X	X	
101	KING WILLIAM	X	X	X	X	
103	LANCASTER			X	X	
105	LEE					
678	LEXINGTON		X			
107	LOUDOUN					X
109	LOUISA		X	X		X
111	LUNENBURG	X	X	X	X	
680	LYNCHBURG					
113	MADISON		X	X		X
685	MANASSAS PARK					X
690	MARTINSVILLE		X			
115	MATHEWS	X		X	X	
117	MECKLENBURG	X	X	X	X	
119	MIDDLESEX	X		X	X	
121	MONTGOMERY		X			
125	NELSON			X		X
127	NEW KENT	X	X	X	X	
700	NEWPORT NEWS	X	X	X		
710	NORFOLK	X	X	X		
131	NORTHAMPTON	X	X	X		
133	NORTHUMBERLAND	X		X	X	

**FAMIS LOCALITIES  
IMPLEMENTATION DECEMBER 1, 2001**

C/C	FAMIS CITY/COUNTIES	Trigon	Virginia Premier	Sentara	CareNet	UniCare
720	NORTON					
135	NOTTOWAY	X	X	X	X	
137	ORANGE		X	X		X
139	PAGE					
141	PATRICK		X			
730	PETERSBURG	X	X	X	X	
143	PITTSYLVANIA			X		
735	POQUOSON	X		X		
740	PORTSMOUTH	X	X	X		
145	POWHATAN	X	X	X	X	
147	PRINCE EDWARD	X	X	X		
149	PRINCE GEORGE	X	X	X	X	
153	PRINCE WILLIAM					X
155	PULASKI		X			
750	RADFORD		X			
157	RAPPAHANNOCK					
760	RICHMOND CITY	X	X	X	X	
159	RICHMOND COUNTY	X		X	X	
770	ROANOKE CITY		X			
161	ROANOKE COUNTY		X			
163	ROCKBRIDGE		X			
165	ROCKINGHAM		X	X		
167	RUSSELL					
775	SALEM		X			
169	SCOTT					
171	SHENANDOAH					
173	SMYTH					
175	SOUTHAMPTON	X	X	X		
177	SPOTSYLVANIA	X	X	X	X	
179	STAFFORD	X	X	X	X	
790	STAUNTON		X	X		
800	SUFFOLK	X	X	X		
181	SURRY	X	X	X	X	
183	SUSSEX	X	X	X	X	
185	TAZEWELL					
810	VIRGINIA BEACH	X	X	X		
187	WARREN					
191	WASHINGTON					
820	WAYNESBORO		X	X		
193	WESTMORELAND	X	X	X	X	
830	WILLIAMSBURG	X		X		
840	WINCHESTER					
195	WISE					
197	WYTHE		X			
199	YORK	X		X		

## SUMMARY OF FAMIS AND CMSIP BENEFITS

<b>BENEFITS</b>	<b>FAMIS BENCHMARK PLAN (Family Access to Medical Insurance Security Plan)</b>	<b>CMSIP (Children's Medical Security Insurance Plan)</b>
Inpatient Hospital Care (includes professional provider services)	Hospital: 365 days per confinement for care of illness, injury, or pregnancy.  Skilled Nursing Facilities: 180 days.	Hospital: coverage for all medically necessary days.  Skilled Nursing Facilities: covered.
Outpatient Hospital Care	ER: covered. Surgery: covered. Facility care outpatient services: covered. Professional provider services: covered.	ER: hospital emergency care in an emergency room. Surgery: covered. Facility care outpatient services: covered. Professional provider services: covered.
Outpatient Physician Care	Home and office physician visits: covered. Psych: 50 visits. Diagnostic testing: covered. Mammograms: covered. Maternity visits: covered. Gynecological services: covered. Physical Therapies: covered.	Home and office physician visits: covered. Psych: 26 visits (additional visits if pre-authorized). Diagnostic testing: covered. Mammograms: covered. Maternity visits: covered. Gynecological services: covered. Physical Therapies: 24 visits (additional visits with prior authorization).
Prescription Drugs	Covered; over-the-counter drugs covered at the discretion of the Health Plan.	Covered; over-the-counter drugs covered when ordered by a physician.
Ambulance	Covered for medical emergencies and when medically necessary when used locally to and from a covered facility or provider's office.	Covered.
Home Health	90 visits per calendar year. Includes nursing services, home health aides, PT, OT, Speech, hearing and inhalation therapy.	Nursing services--up to 32 visits. Home health aide-- up to 24 visits. PT, OT, Speech--up to 24 visits. (Additional visits covered when medically necessary.)

## SUMMARY OF FAMIS AND CMSIP BENEFITS

<b>BENEFITS</b>	<b>FAMIS BENCHMARK PLAN (Family Access to Medical Insurance Security Plan)</b>	<b>CMSIP (Children's Medical Security Insurance Plan)</b>
Hospice	Covered.	Covered.
Personal Care	Covered.	Covered.
Private Duty Nursing	Covered.	Covered.
DME/Prosthetics/ Supplies	Covered.  Hearing aids: covered, with limits.	Covered according to established criteria with pre-authorization.  Hearing aids: covered with limits.
Additional Services for Pregnant Women	Services provided as appropriate, including preventive services, nutrition services, case management for high-risk pregnancies, and home care if necessary.	Covered.
Dental  Diagnostic and Preventive  Primary and Restorative  Complex Services	Semi-annual dental check-ups and treatment.  Fillings, oral surgery, periodontal services, sealing, repair of dentures, and other endodontic services, recementing of existing crowns and bridges.  Root canals, inlays onlays, crowns, dentures, bridges, relining dentures, implants, with limits, are covered at 50% of approved charge. Annual limit of \$1200 for the above services. Orthodontic services covered (\$1200) maximum per member per lifetime.	Semi-annual dental check-ups and treatment.  Covered.  Covered; may be subject to pre-authorization.

## SUMMARY OF FAMIS AND CMSIP BENEFITS

<b>BENEFITS</b>	<b>FAMIS BENCHMARK PLAN (Family Access to Medical Insurance Security Plan)</b>	<b>CMSIP (Children's Medical Security Insurance Plan)</b>
School Health Services (PT, OT & Speech Therapy) only.	Covered, but paid services not covered.	Covered.
Family Planning Services	Contraceptive medications covered.	All services, drugs and supplies which delay or prevent pregnancy are covered.
Developmental and Rehab. Services (Part C)	Covered up to \$5,000 per member per calendar year.	Covered.
Well Child Care	<p>The following services rendered for the routine care of a well child. Home, office and other Outpatient Provider Visits. Laboratory services: Hemoglobin or Hematocrit, Tuberculin Test, Urinalysis, blood lead assessment, Pure Tone Audiogram, Machine Vision Test. Immunizations which have been approved by FDA, recommended by CDC, and rendered to child at CDC-recommended age.</p> <p>Visits covered at following ages: birth; 1, 2, 4, 6, 9, 12, 15, 18 months; 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 18 years.</p>	<p>Comprehensive periodic health assessments including assessments of both physical and mental health. Comprehensive unclothed physical exam including vision and hearing screening, dental inspection and nutritional assessment. Appropriate immunizations according to age. Appropriate laboratory tests including hemoglobin/hematocrit/EP, urinalysis, tuberculin test, blood lead assessment.</p> <p>Visits covered at following ages: 1, 2, 4, 6, 9, 12, 15, 18 months; 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 18, years.</p>

## SUMMARY OF FAMIS AND CMSIP BENEFITS

<b>BENEFITS</b>	<b>FAMIS BENCHMARK PLAN (Family Access to Medical Insurance Security Plan)</b>	<b>CMSIP (Children's Medical Security Insurance Plan)</b>
Vision Services	Once every 24 months, plan pays fixed amount for eye examination, eyeglass frames, and one pair of eyeglass lenses or contact lenses.	Eye examinations and eyeglasses are covered when medically necessary.
Transplantation Services	Allogeneic and syngeneic, and autologous bone marrow transplants covered only under limited conditions. The following organ transplants are covered: kidney transplants for patients with dialysis dependent kidney failure, heart and heart-lung, liver, pancreas done at the same time as covered kidney transplants, and single and double lung transplants.	Medically necessary transplantation services that are not experimental or investigative are covered.
Substance Abuse Services	<p>Inpatient rehabilitation in a substance abuse treatment facility (90 days, maximum lifetime benefits).</p> <p>Outpatient care--up to 50 medically necessary visits with a licensed mental health or substance abuse professional each benefit period.</p>	<p>Inpatient rehabilitation in a substance abuse treatment facility: Coverage limited to pregnant and post-partum women only. (One time, 330 day limit up to 60 days post-partum.)</p> <p>Outpatient care: 26 visits (additional visits if pre-authorized).</p>

## SUMMARY OF FAMIS AND CMSIP BENEFITS

BENEFITS	FAMIS BENCHMARK PLAN (Family Access to Medical Insurance Security Plan)	CMSIP (Children's Medical Security Insurance Plan)
Mental Health Services	<p>Outpatient: Up to 50 medically necessary visits with a licensed mental health professional each benefit period.</p> <p>Inpatient: 30 days total for inpatient hospital care and partial day services per benefit period.</p> <p>Inpatient hospital services may include room, meals, general nursing services; prescribed drugs; ER services leading directly to admission.</p> <p>Inpatient and Outpatient services may include diagnostic services; mental health services including: detoxification, individual psychotherapy, group psychotherapy psychological testing, counseling with family members to assist in the patient's treatment and treatment, and electroconvulsive therapy.</p> <p>Case management services.</p>	<p>Outpatient: 26 visits (additional visits if pre-authorized).</p> <p>Inpatient: 7 days maximum approved initially for acute inpatient care. (Additional visits authorized if medical necessity criteria continue to be met.)</p> <p>Coverage for community behavioral health services such as:</p> <p>Intensive in-home services--(Limit of 26 weeks per year.).</p> <p>Therapeutic day treatment--(2+ hrs per day limited to 780 units include diagnostic, medical, psychiatric, psychosocial treatment).</p> <p>Crisis intervention--180 hrs immediate mental health care.</p> <p>Crisis stabilization—limited to 15-day period, 60 days annually.</p> <p>Mental health support services.</p> <p>Case management services.</p>

## SUMMARY OF FAMIS AND CMSIP BENEFITS

<b>COST SHARING</b>	<b>FAMIS BENCHMARK PLAN (Family Access to Medical Insurance Security Plan)</b>		<b>CMSIP (Children's Medical Security Insurance Plan)</b>
<b>Premiums</b>	<b>Under 150% FPL</b> Not Applicable	<b>Above 150% FPL</b> \$15/child, \$45/family	Under CMSIP, cost-sharing was authorized under the State Plan, but was never implemented.
<b>Co-payments</b>			
Outpatient	\$2/visit	\$5/visit	
Prescription Drugs	\$2/prescription	\$5/prescription	
Inpatient	\$15/admission	\$25/admission	
Non-Emergency use of Emergency Room	\$10	\$25	
	(No cost-sharing for preventive services.)		